



Charles Berman, Receiver of Taxes
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CHANGE FORM

Please return this completed form as soon as possible so we may update our records.

Please confirm your property address and Tax Map Number below with your deed.

Property Address: _____
(Tax Map Number ↙) Street City ZIP Code
[CA _____]
School District Section Block Lot Building Unit
For Condos Only

OWNER INFORMATION:

Owner Name(s) [As it appears on the deed] _____

Company Name (If applicable) _____

Address (If different than property address) _____ Apartment, Suite or Unit Number _____

City State ZIP Code

() Telephone (Home) () Cell Phone () Telephone (Business) Extension
Sign Me Up For

Email Address: _____ ☐ Email Tax Alerts

TAXES WILL BE PAID BY: ☐ Above Taxpayer ☐ Bank/Mortgage Company ☐ Third-Party

Name Mortgage/Loan Number (If applicable) _____

Address (Where Tax Bills should be mailed) Attention (If applicable) _____

City State ZIP Code

REASON FOR CHANGE: ☐ New Owner ☐ Mortgage Satisfied ☐ Refinanced

Other (specify) _____

Signature(s) _____ Date _____

For Office Use Only

CS Rep: _____ Date: ____/____/____ ☐ E-mail Address Added ☐ Scanned

Received Change Via: ☐ Mail ☐ Fax ☐ Walk-in ☐ E-mail ☐ Online

General Bill: ☐ Given ☐ Mailed ☐ Faxed ☐ N/A **School Bill:** ☐ Given ☐ Mailed ☐ Faxed ☐ N/A

Notes: _____